



State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

For Ecology Use
(Date Stamp)

8 MAR -4 18:54

DEPT. OF ECOLOGY
BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: Carson Water System/Skamania County P.U.D.No. 1	Phone No: 509 427 5126	Other No: 509 427 4039
Address: PO Box 500		
City: Carson	State: Wa.	Zip: 98610
Email Address (optional): tvance@skamaniapud.com		

Contact Name (if different from above): Tom Vance	Phone No: 509 427 5126	Other No: cell# 541 490 4643
Relationship to Applicant: Water Distribution Manager		
Address: Po box 500		
City: Carson	State: Wa.	Zip: 98610
Email Address (optional): tvance@skamaniapud.com		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Drill two potable water wells for the greater community of Carson wa.

Anticipated length of time to complete your project: 5yrs

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Municipal Water Supply	4.39		1077	Continuously
TOTAL:				

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

For Ecology Use	APPLICATION NO: <u>G-2-30459</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>✓</u> <u>ADD'L Per</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>3/4/08</u> By <u>Sc</u> WRIA: <u>29</u>

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source				B.) If Ground Water Source		
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____		
Source Name: _____				Well diameter & depth: 10" 400ft		
Tributary to: _____				Number of proposed points of withdrawal: 2		
Number of proposed diversion points: _____				Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.		
Well Tag ID No. ABR672						
C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
0375010030200	NW	NE	1	3N	7.5E	Skamania
Lot(s)	Block(s)		Subdivision			
3			Port SP BK3 PG 130			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: 652 Feet (<input type="checkbox"/> North/ <input checked="" type="checkbox"/> South) and 1980 feet (<input type="checkbox"/> East/ <input checked="" type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input checked="" type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section 1.						
Parcel No.	¼	¼	Section	Township	Range	County
03750100110000	SW	NE	1	3N	7.5E	Skamania
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: 1444 feet (<input type="checkbox"/> North/ <input checked="" type="checkbox"/> South) and 1320 feet (<input type="checkbox"/> East/ <input checked="" type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input checked="" type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section 1						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO
If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO
Provide the owner name(s), address, and phone number: Parcel#0375010030200 High Cascade, Inc PO box 415
Carson, Wa. 98610, 509 427 8413 C/O James Mickel, President, Contract will be mailed seperatly later.
Parcel#03750100110000 Thomas V. Linde 5312 Wind River HWY Carson Wa. 98610 509 427 3642, Lease
agreement is included.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

All lands located with the service area boundries of the Carson Water sytem located in Skamania County T3N, R8E, and T3N, R71/2E in WRIA 29A, the Wind River Sub-Basin. See attached assessor maps.

¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO
Provide owner name(s), address, and phone number: All Lands are located with in the service are boundries of the
Carson Water System DOH#11340H. PO Box 500 Carson Wa. 98610, 509 427 5126

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO
If yes, provide the water right and/or claim numbers: S2-00400 C Bear Creek, Surface Water, G2-26488, A well.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Two 10" wells, 400ft deep with submersible pumps to deliver the water to the existing distribution system.
Hp of motors will be determined by water available in the wells.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: <u>2781</u>
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: <u>~6836 (yr 2030)</u> (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved <u>05/01/2004</u> Water System Number: <u>DOH# 11340H, amended July 2005</u>	
Name of water system: <u>Carson Water System, 11340H</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES
NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☒ YES ☐ NO

If you answered yes to any of the above questions, please describe: Exsisting Steel above Ground Reservoirs.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Please see attached driving instuctions and maps.

Site Address:5312 Wind River Hwy

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

<u>Tom Vance</u> Print Name (Applicant or authorized representative)	<u></u> Signature	<u>2-27-08</u> Date
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<u>Same as applicant</u> Print Name (Landowner of Place of Use)	<u></u> Signature	<u></u> Date
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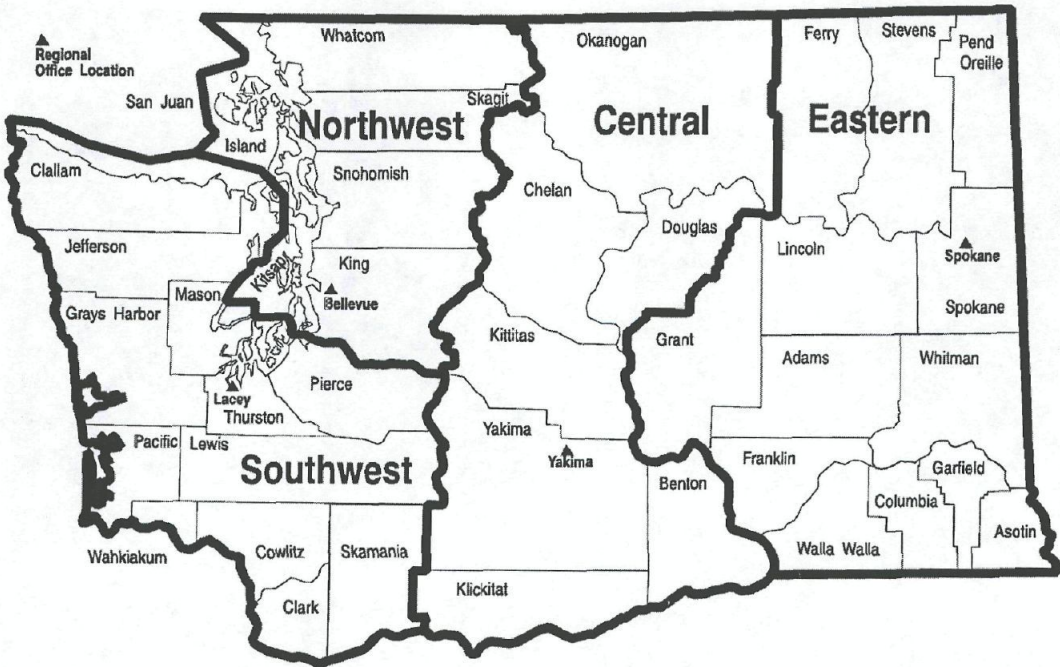
<u></u> Print Name (Landowner of Place of Use)	<u></u> Signature	<u></u> Date
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<u></u> Print Name (Landowner of Place of Use)	<u></u> Signature	<u></u> Date
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Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Please check the region in which your proposed project is located.
☒ Southwest ☐ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300
Northwest Regional Office: 425-649-7000
Central Regional Office: 509-575-2490
Eastern Regional Office: 509-329-3400